

15750 U.S.PTO

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.
ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

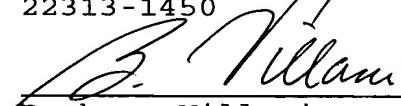
031104
LEONARD HOLTZ
HERBERT GOODMAN
WILLIAM R. WOODWARD (1914-1994)
MARSHALL J. CHICK
RICHARD S. BARTH
DOUGLAS HOLTZ
ROBERT P. MICHAL
TELEPHONE: (212) 319-4900
FACSIMILE: (212) 319-5101

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

Express Mail Mailing Label
No.: EV 443 205 299 US

Date of Deposit: March 11, 2004

I hereby certify that this paper is
being deposited with the United
States Postal Service "Express Mail
Post Office to Addressee" service
under 37 CFR 1.10 on the date
indicated above and is addressed to
the Commissioner for Patents, P.O.
Box 1450, Alexandria, VA
22313-1450


Barbara Villani

Attorney Docket No. 04170 /LH

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): Haruyuki TODA of Hachioji-shi, Japan

Title: "MEDICAL IMAGE PROCESSING APPARATUS AND MEDICAL NETWORK SYSTEM"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan No. 2003-078079 filed March 20, 2003

ASSIGNMENT INFORMATION FOR PUBLICATION:
KONICA MINOLTA HOLDINGS, INC.
Tokyo 100-0005, Japan

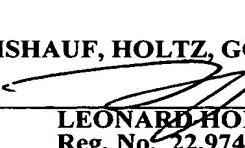
Enclosed herewith are:

- [X] Specification (Description, Claims, Abstract): Pages 1 - 48; Number of claims 1 - 7
[X] Declaration and Power of Attorney [X] executed; [] unexecuted (supplied for information purposes)
[X] 6 Sheets of drawings, Figures 1 - 7b [X] Formal [] Informal
[X] Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.
[X] Certified copy of priority document identified above
[] Information Disclosure Statement; [] Form PTO/SB/08A
[] Preliminary Amendment
[X] Change of Correspondence Address (Form PTO/SB/122)
[X] Receipt Postcard

	Number Filed	Number Extra	Rate	Calculations
Total Claims	<u>7</u>	<u>-20</u>	= <u>0</u>	x \$18.00 = <u>\$</u> _____
Independent Claims	<u>2</u>	<u>- 3</u>	= <u>0</u>	x \$86.00 = <u>\$</u> _____
MULTIPLE DEPENDENT CLAIMS				
BASIC FEE				<u>\$ 770.00</u>
Total of above Calculations				<u>\$ 770.00</u>

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during
pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is
enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: 

LEONARD HOLTZ
Reg. No. 22,974

LH:bv

12/00

U.S.PTO
223386 031104
10/800316

Please type a plus sign (+) inside this box → [+]

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS		Application Number			
<i>Application</i>		Filing Date	Herewith		
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		First Named Inventor	TODA		
		Group Art Unit			
		Examiner Name			
		Attorney Docket Number	04170 /LH		

Please change the Correspondence Address for the above-identified application to:

[X] Customer Number **01933**

[X] Firm or Individual Name	FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.				
Address	767 Third Avenue - 25th Floor				
Address					
City	New York	State	NY	ZIP	10017-2023
Country	U.S.A.				
Telephone	(212) 319-4900	Fax	(212) 319-5101		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- [] Applicant/Inventor.
 [] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 [X] Attorney or Agent of record.
 [] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name	LEONARD HOLTZ, Registration No. 22,974
Signature	
Date	March 11, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

[] Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.